

since many lunatics, for various reasons, will try to cover up their condition. After giving short histories of some cases illustrating this symptom as found in defectives, sexual perverts, chronic alcoholism, paranoia and manic-depressive insanity, they draw the following conclusions: (1) Dissimulation requiring a certain cerebral tonus, and relative integrity of judgment and will, can only exist in those psychological states in which the syllogistic faculties are preserved or in the period of remission of other psychoses. (2) Dissimulation is found in different kinds of insanity, but specially in melancholia, paranoia and mental degeneration. (3) Dissimulation has a greater importance than simulation, especially in the case of lunatics demanding their discharges. (4) The diagnosis of dissimulation requires prolonged observation preferably in a hospital or asylum.

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Journal de Neurologie

(No. 1. 1907)

1. Psychic Imitation, Normal and Morbid. MARANDON DE MONTYEL.
2. Application of the Diazo-reaction to the Prognosis in Status Epilepticus. MASOIN.

1. *Psychic Imitation, Normal and Morbid.*—A discussion of the mechanism of psychic imitation, whether it is of endogenous or of exogenous origin. The author, a partisan of the origin of the emotions from within, regards their expression through gestures, etc., as secondary to the mental process at the base of the affective state, and not as the primary source of this state. He supports his position with his usual vigor, but into his arguments it is impossible to enter in a short abstract.

2. *Application of the Diazo-reaction to the Prognosis in Status Epilepticus.*—The author gives a résumé of the conclusions arrived at, in a mémoire recently presented by him to the Academy of Medicine of Belgium. He expressly affirms that he does not claim that the conditions giving rise to the diazo-reaction are the cause of epileptic attacks. There is simply a chronological relation. He was able to apply the test for this reaction in 16 out of 35 cases of status epilepticus. Of these patients, 19 died while 16 survived. In the 16 cases examined for the diazo-reaction, a positive result was obtained in 9 cases, a negative in 7 cases. Of the 9 cases showing a positive reaction 6 died, 3 survived. Of the 7 cases with negative reaction, one died, 6 lived. He hence feels justified in concluding that the presence of the diazo-reaction in status epilepticus is distinctly an unfavorable sign, its absence, on the contrary, favorable. These indications are, however, only relative since, while the absence of the reaction is in general a favorable sign, its presence does not necessarily imply a fatal issue.

(No. 7. 1907)

1. *The Relation Between Dipsomania and Chronic Alcoholism.* SOUKHANOFF.

Considering this condition as he has observed it, the author feels justified in drawing the following conclusions: (1) Typical dipsomania develops after antecedent alcoholism, occasional or chronic. (2) It shows itself by preference during middle life. (3) It appears as one of the phases of long continued abuse of strong drinks. (4) In cases of dipsomania the use of alcoholic beverages has, according to the case history, usually been begun early, even in adolescence.

(No. 8. 1907)

1. *Definition and Nature of Hysteria.* CROCQ.

Basing it upon a consideration of the writings of various authors, and upon his own experiences, this author gives the following as a definition of hysteria: "Hysteria is a psychopathological state characterized by hyperimpressionability, diminution of cerebral control, and hypersuggestibility."

(No. 19 and 20. 1907)

1. *Conjugate Deviation of the Eyes and of the Head.* A. DEBRAY.

In his report, presented to the Third Belgian Congress of Neurology and Psychiatry, the author gives a quite complete résumé of the present status of this subject, discussing in three chapters the description of the symptom; the pathogenic lesions and functional troubles giving rise to conjugate deviation; the theories as to the pathogenesis of conjugate deviation of the eyes and head. He sums up his conclusions as follows: (1) Conjugate deviation of the eyes and head is of both paralytic and convulsive nature. (2) The lesions which give rise to it may be seated in the cortex, in the interior of the brain, the midbrain or the sense organs. (3) The direction of the deviation is different depending upon the cause which produces it. The eyes and head are turned toward the lesion when it is cerebral and paralytic, towards the sound side when the cerebral lesion is irritative. In midbrain lesions the contrary is the case; irritation of the peduncle causes the head and eyes to turn toward the side irritated; destruction of the brain axis at this point causes turning of head and eyes to the opposite side. (4) There are, in the cortex, two points whose excitation gives rise to conjugate deviation, one, the posterior, being situated at the anterior end of the interparietal fissure, the other, the anterior, at the foot of the second frontal convolution. Each of these centers is subdivided into two subordinate centers, one for movements of the head, the other for those of the eyes. (5) These anterior and posterior centers preside over conjugate movements of the head and eyes in physiological function, as in vision, audition or in mimic movements. In conjugate deviation of the eyes and head, they can only be points of reflexion for the different cortical sensorial zones. (6) If conjugate deviation can, in certain cases, be due to deficient power in any one of our sense organs, it must be admitted that the reflex center of this pathological movement is not situated in the cortical sensorial zone. (7) Conjugate deviations from mesocephalic lesions are of sensitivo-sensorial, or of motor order. (8) Deviations of sensitivo-sensorial order are often due to alterations in the sense organs. (9) Those of motor order are variable in their intensity, from moment to moment, on account of the multiple factors acting separately upon the motor nuclei of the midbrain. (10) These different motor nuclei are, however, under the dominance of a supranuclear center seated in the corpora quadrigemina, a center united to the different subjacent motor nuclei through the fasciculus longitudinalis posterior.

(No. 21. 1907)

1. *Kleptomania in a Hysteric Having Presented, at Various Times, Systematized Impulsions of Various Kinds.* E. B. LEROY.

History of a woman, the daughter of an alcoholic father, whose life, more or less irregular, had been marked at different times by imperative conceptions and tendency to impulsive acts. Finally, in middle

life, these took the form of irresistible impulsions to steal trifling articles which she could perfectly afford to buy and which she did not need. She came under the care of the author seeking cure. He regards the case as one of psycho-asthenia, in the sense of Janet.

(No. 22. 1907)

1. *Presentation of Diamandi, Calculator of the Visual Type.* MDLLE I. IOTEVKO.

A study of the Greek lightning calculator, Diamandi, and his comparison with another individual having a similar aptitude, the Italian Inaudi. The Greek differs from the Italian in being a man of considerable education, brought up to commercial pursuits and having facility in mathematics, while the latter is uneducated and possesses solely the ability to make rapid calculations which he does nightly for the entertainment of audiences at music halls, etc. He also shows some of the minor stigmata of degeneration, while the Greek is a man of fine physique and good mind. A comparison of the methods of the two shows that Inaudi is a pure auditive fixing the numbers in his mind as his manager reads them aloud to him, while Diamandi reads off the figures from a list and forms in his mind a picture of them. He also possesses a complex "zig zag" numeral scheme which he locates "to the left in his head." He can also solve problems after audition but hesitates and is apt to make mistakes. While Inaudi can learn a series of figures more rapidly than his rival, the Greek can repeat and calculate, in considerably less time. The authoress urges the necessity of taking into consideration, in schemes of instruction, whether the pupils are visuals or auditives.

(No. 23. 1907)

1. *Amyotrophic Lateral Sclerosis of Hemiplegic Form in a Sixteen Year Old Subject.* BOUCHAUD.

2. *Medullary Anesthesia.* NOICA.

1. *Amyotrophic Lateral Sclerosis.*—Report of the case of a boy 16 years old in whom there was atrophy of muscles and spastic paralysis limited to the left side, with a discussion of the reasons which lead the author to make a diagnosis of amyotrophic lateral sclerosis.

2. *Medullary Anesthesia.*—The author studied the condition of the reflexes, and the sensory and motor phenomena in a dozen cases which were subjected to medullary anesthesia at the surgical clinic of Prof. Jonnesco. The anesthetic habitually employed was stovain, in the dose of 0.10 grm. and the place of injection was the third lumbar interspace. He observed the following order of sequence of phenomena. First the cutaneous reflexes disappeared, next the tendon reflexes, then sensibility both superficial and deep was abolished, and movements soon were lost. These phenomena proceeded from below upwards. The Achilles reflex disappeared before the knee-jerk, and in too small dose the skin reflexes disappeared while the tendon reflexes persisted. Sensibility was first lost in the perineum, genital region and feet, disappearing successively in the legs, thighs and abdominal region. Pain sense was lost before touch or temperature senses. The functions of the spinal cord were reestablished in a reverse manner, and quite slowly after a full dose of stovain, loss of skin sensibility occasionally persisting for hours or even one or two days.

(No. 24. 1907)

1. *The Remote Consequences of Oculo-motor Paralyses.* A. ANTONELLI.

A communication made to the Congress of Neurologie, in August, 1907. The author gives the following résumé of his conclusions. Old paralyses of the sixth pair (having lasted several weeks or months) leave—the more easily the younger the patient—a convergent strabismus having all the characters of the ordinary strabismus called concomitant. Old paralyses of the third pair—somewhat more rarely as their symptomatology is usually more complex—leaves a divergent strabismus or at least a manifest insufficiency of convergence, absolutely analogous to the divergence called concomitant, for example, as seen in myopic individuals. Isolated paralyses of the fourth pair are too rare to permit us to fix their remote consequences. The remote results just described are found to some extent also in cases in which the loss of motility proper has been recovered from. The excursions of the eyes can be accomplished normally but there remains a strabismic deviation and difficulty in associated motion. Deviation is never due to a contracture but always to loss of tonicity in the paralyzed muscle and the action of its antagonist. After a very long time there may be some shortening of this antagonist but never a true contracture. Deviation provokes at first, and aggravates later, the diplopia, and now neutralization of the false image comes into play. This is nature's method of compensation, but later, if the motor paralysis is cured, the persistence of this neutralization is the cause of the suppression of reflex fixation and prevents the reestablishment of binocular motility properly called.

Revue de Psychiatrie et de Psychologie Expérimentale

(January, 1908)

1. Diagnosis of the Delirium of Interpretation. P. SÉRIEUX and J. CAPGRAS.

1. *Delirium of Interpretation.*—The characteristics of the delirium of interpretation are that it occurs in lucid, constitutional psychopaths, not mentally enfeebled. The affection is incurable, and is characterized by a proliferation of delusional interpretations which coördinate themselves into a system more or less coherent without notable dependence on sensorial disturbances.

This psychosis has been described by several authors but not isolated by them. Thus it is included in Esquirol's *monomanie intellectuelle*, in Leuret's *arrangeurs*, in the *paranoïa combinatoire* of Mendel and Kraepelin, and lastly in the *persécutés héréditaires* (1878) of Falret, to a criticism of which the authors limit themselves. Falret recognized that certain of his cases did not have hallucinations of hearing nor ideas of grandeur. Ritti subsequently made the same observations calling attention to cases who, while they had great pride, did not have delusional ideas of grandeur. The authors conclude, therefore, that Falret had recognized the delirium of interpretation without specially designating it and undertook only to break up his large heterogeneous group of *persécutés héréditaires* often spoken of indifferently in accord with the point of view as *persécutés raisonnants* or *persécutés-persécuteurs*. From this group the authors separate out the *délire de revendication* and the *psychoses interprétatives symptomatiques*.

2. *Délire de Revendication.*—This psychosis may be defined as a